

Fiscal Year 2022 Grant Application Regional Economic Development Organization Grant Program

Application Checklist

- Application
- Attachment 1: List of board of directors, if available
- Attachment 2: Minimum 10 individual letters of support from municipalities
- Attachment 3: Narrative on proposed initiatives (max.5 pages)
- Attachment 4: Schedule of grant usage; disclosure of other grants and usage
- Attachment 5: Most recent audited or reviewed financial statements

If application includes one or more projects, please provide separate documents for each project.

- Attachments for project should include: scope, budget, metrics, and partners

Application Checklist for Partnership(s)

- Application
- Attachment 1: List of board of directors of each organization, if available
- Attachment 2: Minimum 15 individual letters of support from municipalities
- Attachment 3: Joint narrative on proposed initiatives (max. 5 pages)
- Attachment 4: Joint schedule of grant usage; disclosure of other grants and usage
- Attachment 5: Most recent audited or reviewed financial statements for each partner

If application includes one or more projects, please provide separate documents for each project.

- Attachments for project should include: scope, budget, metrics, and partners

PART I. APPLICANT INFORMATION			
Organization Name:			
Website:			
Organization Contact Info	Name/Title: Phone: Email: Address:		
Organization Details	Year established:		Number of full time employees:
Is this applicant organization applying as part of a regional partnership?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide the partnership organization(s) information below.			
Partner Organization Name:			
Organization Contact Info	Name/Title: Email:		
Organization Details	Year established:		Number of full time employees:

PART II. ORGANIZATION STRUCTURE & ELIGIBILITY	
Is the organization a public/private partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the organization a membership organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, number of members:	
Does the organization have a Board of Directors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please attach a list of board members	
	Attached <input type="checkbox"/>
An IRS designated 501(c) - organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primarily focused on regional economic development?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Represent 10 or more contiguous cities or towns?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Perform the services required by MGL Chapter 23A Section 3J and 3K, as amended by Sections 8 and 9 of Chapter 219 of the Acts of 2016?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have a comprehensive plan with formal programming that encourages participation in economic development activities by a wide variety of organizations, governments and businesses operating in the identified region?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Receiving or have commitments to receive substantial financial and in-kind support from private resources or member municipalities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Serve as or constitute as any of the following:	
Regional or district planning commissions under M.G.L. Chapter 40B?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Regional employment boards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tourism council under G.L. c. 23A §14?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Entities, which are political subdivisions of a municipality or wholly owned by a municipality?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART III. IDENTIFICATION OF REGION & COVERAGE AREAS

Indicate the total number of the following:

# of Municipalities Represented:	
If applying as a regional partnership, provide the total # of combined municipalities represented:	
# of Gateway Cities represented:	
Attachment 2: Please attach <u>at least 10 letters of support, 15 for partnership</u> from the municipalities.	Attached <input type="checkbox"/>

Please list municipalities represented/served by the organizations.

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PART IV. REDO GRANT PROPOSAL NARRATIVE

Attachment 3: Narrative on proposed initiatives	Attached <input type="checkbox"/>
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Applicants should address how the organization will align its initiatives to the Commonwealth’s Economic Development Plan. REDO shall identify initiatives and programming, define goals with clear metrics, and ensure that the organization has the capacity to complete their proposed goals in the fiscal year. It should also include meaningful updates in REDO programming and development from the prior grant period (if applicable). The proposal will be the basis for contracting if selected.

****Partnerships shall submit a joint narrative, including how the organizations will collaborate on executing the initiatives or programs.**

Format: A separate document from this application. Limited to 3-5 pages, font size Times 12, 1” margin. Table/Schedule may be used.

PART V. ORGANIZATION OPERATING BUDGET, OTHER FUNDING & GRANT REQUEST

Operating Budget (not including REDO funding):	Prior year's operating budget:	\$
	Percentage of the budget received from the private sector	%
	Percentage of budget from the public sector (not including REDO grant funds).	%
Line Item Budget:	Attachment 4 - Please list a line item budget for the proposed use of funds.	Attached <input type="checkbox"/>
Audited Financial Statements	Attachment 5 - Please submit a copy of the most recent audited or reviewed financial statements.	Attached <input type="checkbox"/>
Federal Grant Funds:	Did your organization or your affiliate organization receive any federal grants in FY2021?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , please list granting organization(s) and amount(s):	
REDO Grant Funds:	Did your organization or affiliate organization receive a REDO grant in FY2021?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , please provide the amount: \$	
Massachusetts State, Quasi and Local Grant Funds:	Did your organization or affiliate organization receive any other non-REDO state or quasi-public funding in FY2021?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , please list granting organization and amount: \$	
	Would your organization or affiliate organization receive or apply for any federal, non-REDO state or quasi-public program funding for FY2022?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , please disclose in an attachment to the line item budget/grant usage : 1) The origin and amount of the funding; 2) Define how the REDO Grant funds will be differentiated; and 3) If applicable, describe any initiatives that are planned to be jointly funded through the REDO Grant and another public funding source. <i>*Note: any proposed program in the narrative that have a budget, please list.</i>	Attached <input type="checkbox"/>
FY2022 REDO traditional fund request:		\$

PART VI. PROPOSED PROJECT(S)

Name of Project(s):	
Narrative of Project(s) – For each project, please provide the project scope, budget, timeline, and metrics (separating from traditional fund request).	Attached <input type="checkbox"/>
FY2022 Additional fund request for project(s)	\$

PART VIII. CONFLICT OF INTEREST

Pursuant to Chapter 240 of the Acts of 2010, REDOs are subject to not only performance measurements (see <http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter6A/Section16G>) and uniform standards related to accounting procedures, personnel practices, and purchasing procedures, but they are also subject to conflict of interest rules (see <http://www.mass.gov/ethics/education-and-training-resources/implementation-procedures/state-employees-summary.html>). Accordingly, as a condition to receiving grant funds from MOBD, the REDO Grant contract shall require that in any matter in which a person, corporation or other business entity in which you or any member of your organization is in any way interested, such interest shall be disclosed in writing in advance and that you or any member of your organization having such an interest may not participate in a decision relating to such person, corporation or other business entity. As deemed necessary, the REDO Grant contract shall also require that the Grantee undergo a biennial audit and examination of the audited financial statements of the REDO conducted by the auditor of the Commonwealth.

I agree

PART IX. SIGNATORY, CERTIFICATION & ACKNOWLEDGEMENT

I/We, (names and titles) of the (Regional Economic Development Organization) submitting a proposal for the FY2022 Regional Economic Development Organization Grant Program, as established by the Commonwealth of Massachusetts and administered by the Massachusetts Office of Business Development, hereby certify that I/we have been authorized to file this proposal and to provide the information within and accompanying this proposal. I/we certify that the information provided herein is true and complete and that it reflects the applicant's intentions to the best of my/our knowledge. I/We understand that the information provided within this proposal will be relied upon by the Commonwealth in deciding whether to contract with the organization and that the Commonwealth reserves the right to take action against the applicant organization or any other beneficiary if the Commonwealth discovers that the applicant intentionally provided misleading, inaccurate, or false information. I/We make this certification under the pains and penalties of perjury.

The signatories also hereby acknowledge that, under the Public Records law of the Commonwealth of Massachusetts, this application and all documents submitted in support thereof are public records under the provisions of Massachusetts G. L., Ch. 4, sec. 7 (26).

[Type name here]

E-Signature of REDO Representative

[Yellow box]

Date

[Type name here]

E-Signature of REDO Representative

[Yellow box]

Date

This Application is requested electronically. For reporting purposes, please type in your name and click the box acknowledging your E-Signature.